

**MEETING MINUTES**  
**STATE CONSUMER AND FAMILY ADVISORY COMMITTEE**  
**November 10, 2005**

**Present:** Jere Annis, Carl Britton-Watkins, Zack Commander, Kathleen Herr, Ron Huber, Ron Kendrick, Ed Masters, Doug Michaels, Ellen Perry, Barbara Richards and Amelia Thorpe.

**Absent:** Terry Burgess and Pete Clary.

**DMH/DD/SAS Staff Present:** Cathy Kocian, Wanda Mitchell, Chris Phillips, Ann Remington, Adolph Simmons, Jesse Sowa, Flo Stein and Kent Woodson.

**Guests:** Carolyn Privott and Gerri Smith.

**Welcome and Introductions**

- ◆ The meeting was called to order at 9:30 A.M.
- ◆ The Vice Chair opened the meeting and welcomed the attendees. Members received copies of the Rules of Procedure and Code of Conduct to review.

**2. Approval of Agenda and Minutes**

- ◆ The meeting agenda was approved with additions.
- ◆ The October 2005 minutes were reviewed and approved with changes.

**3. Public Comment Time**

- ◆ In order to best serve the Division and the SCFAC, Kathleen Herr discussed the urgent necessity of SCFAC members developing a planned process regarding the manner in which the SCFAC will provide input to the Division. Kathleen felt that it is important for the SCFAC to receive data from a variety sources in order for the group to make informed decisions prior to giving the Division feedback on documents under review and other requests from the Division involving Division policy, procedure, and/or practice.
- ◆ Doug Michaels briefly discussed the fact that the purpose of the SCFAC is to provide advice and recommendations to the Division of MH/DD/SAS and that each SCFAC member represents the consumers and family members of North Carolina. All information up for review needs to be provided to SCFAC members ahead of time in order for the committee to make good recommendations.
- ◆ Barbara Richards mentioned the possibility of audio-taping the SCFAC meetings in order to avoid miscommunication and misunderstanding of what transpires at the meetings.
- ◆ Ron Kendrick stated that it was very helpful for the Division to provide data on the county funds. Division staff pointed out that counties often also provide buildings and other types of assets.
- ◆ The SCFAC Chair welcomed Adolph Simmons, Quality Management Team member, who will be assisting the sub-committee with Provider Profiles. Mr. Simmons has a background in Program Evaluation and Outcome Measurements.

#### **4. Discussion of the Secretary's LME Cost Efficiency Proposal**

- ◆ The SCFAC members commented on the Legislative Oversight Committee (LOC) meeting that was held October 19, 2005. The SCFAC Chair distributed, prior to the end of the meeting, the LOC's response to the Secretary regarding the Regional Model for the Utilization Review and after hours Screening, Triage and Referral Functions; two out of ten LME functions. Discussion included the need for SCFAC members to have adequate data prior to making any decisions. It was pointed out that the SCFAC, in the October meeting, had reviewed the N.C. Council's response to the Secretary's proposal in addition to having Division staff present on the proposal. SCFAC members received, read and commented on the Secretary's letter responding to the LOC. The members agreed that the Secretary provided valid data in her letter and members acknowledged that the original goal was to have twenty LMEs across the state. There is no mention of mergers in this proposal. A member explicitly stated the critical need for cost modeling information and, since none had been made available, was unable to vote in favor of supporting the Secretary's plan due to lack of adequate data.
- ◆ The majority of SCFAC members stated they had sufficient information to make an informed decision supporting the Secretary's proposal. At the committee's request, the staff liaison re-read the motion made at the October SCFAC meeting which stated, "A motion was made to endorse the Secretary's proposal to regionalize the two functions of Utilization Review and after hours Screening, Triage and Referral." The committee agreed that the motion was interpreted correctly and that the vote would stand (8 to 1) in favor of supporting the Secretary's proposal.
- ◆ A motion was made and passed to have the SCFAC Vice-Chair draft a revised response affirming the SCFAC's endorsement of the Secretary's proposal. The revised response will include:
  1. The SCFAC believes that the LMEs need to have input on the potential groupings and
  2. The SCFAC has concerns about the timelines being too short.A copy of the letter will be sent to the Legislative Oversight Committee.

#### **5. SCFAC Membership Application Review**

- ◆ The SCFAC went into closed session to review applications submitted for SCFAC vacancies. It was decided by unanimous vote that all incoming membership applications must be submitted on the updated application found on the SCFAC website [www.dhhs.state.nc.us/mhddsas/scfac/index.htm](http://www.dhhs.state.nc.us/mhddsas/scfac/index.htm).
- ◆ The committee discussed methods that might work best for future review of membership applications. The committee decided that if additional information was needed from applicant(s), a sub-committee would move forward with this process and provide an electronic report back to the SCFAC members. The committee requested that the Membership Guidelines be re-sent to them for review.
- ◆ It was suggested that all names be blacked out on the applications in order to avoid the possibility of personal bias. Discussion included the fact that many organizations have a process that may include the submission of a personal statement, going through an interview process and/or having interested candidates attend meetings.
- ◆ The Consumer Empowerment Team (CET) will also be assisting with the recruitment efforts. The CET will be available to assist people with filling out the application.
- ◆ At this time, the following SCFAC positions are vacant:
  - A youth, age 16-25 with developmental disabilities,
  - A youth, age 16-25 who has received substance abuse services,

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- A youth, age 16-25 with co-occurring disorders,
- A youth, age 16-25 with a mental health disorder,
- A family member of an adult with a substance abuse disorder,
- A family member of a youth with developmental disabilities,
- An adult consumer with a co-occurring disorder and
- An adult consumer who has received substance abuse services.

## 6. Division Update

- ◆ Flo Stein, Chief of the Community Policy Management Section, provided SCFAC with a Division update. The committee received handouts on “Connecting Services and Research in North Carolina” as well as information on the North Carolina Practice Improvement Collaborative (NC PIC- [www.ncpic.net](http://www.ncpic.net)). Flo told the committee that historically, it has taken about 20 years for evidence based practices to transition from research to actual practice. Evidence based best practices can be defined as “those clinical services, supports, and administrative practices that have been proven to consistently produce specific, intended results.” At this time there is no known national list of evidenced-based best practices. There are several web sites that SCFAC members might like to review:

- \* [www.samhsa.gov](http://www.samhsa.gov)
- \* [www.ed.gov](http://www.ed.gov)
- \* [www.ncebpcenter.org](http://www.ncebpcenter.org)

In the course of this initiative, three new advisory committees were formed, one group for each disability category: Developmental Disabilities, Mental Health and Substance Abuse. The committees are comprised of researchers, practitioners, consumers and Division staff. Their goal is to meet four times a year and review research and make recommendations to the Division. NC PIC will meet quarterly to review and discuss relevant programs. Annually, the group will present a report of prioritized program recommendations to the Division Director at a public forum. This forum, defined as the North Carolina Practice Improvement Congress, will feature brief educational descriptions of the practices being recommended by the NC PIC in its report.

The Division will then evaluate the programs highlighted in the report for feasibility and cost effectiveness and determine a timetable for endorsement and adoption into the public system.

- ◆ Ms. Stein mentioned that the Division was still waiting on CMS approval of the new Service Definitions. Mike Moseley and the Secretary were scheduled to meet with Congressional Staff on November 16, 2005. Once the definitions are approved by CMS, there will be a transition prior to their implementation. It was mentioned that some new practices in the new service definitions such as ACTT may be challenging and impractical in some rural areas due to geographic factors.
- ◆ The topic of supported employment was discussed. The General Assembly allocated funding for supported employment to be managed in partnership with the Division of Vocational Rehabilitation Services.
- ◆ The Secretary held a retreat that included the leadership of the Divisions. The focus of the retreat was to address departmental issues including the need to collaborate and support the transformation of the MH/DD/SAS system, public relations and the overall mission and vision of the Department.

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- ◆ The Secretary has given the LMEs until December 15, 2005 to submit their proposed regions. Each region will have a designated LME to perform the Utilization Review (UR) and after-hours Screening, Triage and Referral functions. At this time, the LMEs are in the process of selecting partners in the regionalization process.
- ◆ A Provider Summit was recently held in order for the Division to receive input from providers regarding issues they are experiencing. Many issues were identified and discussed. This input will assist the Division in addressing these problems.
- ◆ Flo told the committee that it is the LME's responsibility to endorse providers and that providers must sign an MOA with the LME. The MOA will detail how business is to be conducted and the fact that all services must be authorized.
- ◆ On November 17, 2005, Mike Moseley will be appearing on Healthwise UNC-TV at 8:00 P.M. The topic for the program will be Mental Health in North Carolina. The topics for discussion include: the MH/DD/SAS system, teenage suicide, discrimination against people with mental illness, stigma and medications for treating mental health disorders. The Panelists include Mike Moseley, John Owen, John Tote, Michael Watson, Dr. Robert N. Golden, and Sheila Singleton.
- ◆ North Carolina Treatment Outcomes and Program Performance System (NC-TOPPS) is the program by which the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) measures outcome and performance for Substance Abuse and Mental Health consumers. NC-TOPPS captures key information on a consumer's current episode of treatment and is used to determine outcome measurements.
- ◆ Several SCFAC members expressed concern about the process for administering the survey. One SCFAC member stated that it was not possible to obtain objective data from consumers regarding their outcomes because the survey is administered by the provider from whom they are receiving services. This is especially true in the case of adolescent consumers. It was suggested that the Division consider using objective survey administrators or allowing consumers to fill out the survey and return it by mail to the Division.
- ◆ NC TOPPS is considered one of the best surveys in the nation and it includes eight Outcome Measures:
  1. Housing,
  2. Social Connectedness,
  3. Recovery Supports,
  4. Criminal Justice,
  5. Engagement Measures,
  6. Employment
  7. Symptom Reduction
  8. Education
- ◆ The North Carolina Lottery will provide the Division of MH/DD/SAS with one million dollars to provide treatment to people with gambling addictions. Data clearly shows that 1/3 of all people with gambling addictions also have substance addictions.

## 7. SCFAC Minutes

- ◆ The committee requested that the minutes be sent to the committee as previously agreed upon no later than 10 days prior to the next SCFAC meeting.

## 8. Budget Presentation

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- ◆ Kent Woodson and Wanda Mitchell (Budget and Finance Team), presented on the DMH/DD/SAS budget. Currently, 1.2 billion dollars is allocated for the Division. The counties, community programs, central office and institutions all receive funding from this money.
- ◆ Community Program Disability Specific Funding (Doesn't include Medicaid):
  1. Mental Health receives 30% funding \$138,636,549
  2. Developmental Disabilities receives 33% funding \$147,863,215
  3. Substance Abuse Services receives 17% funding \$76,307,489
  4. Central Office receives 4% funding 19,381,119
  5. Other receives 16% \$74,210,641
- ◆ SCFAC members questioned the small percentage of funds allocated to substance abuse compared to the other disability categories. SCFAC members stated that they would send a letter to the Secretary addressing this issue.
- ◆ The Budget Office's relationship with the LMEs is evolving due to Reform. The LME is a "Manager" and is held accountable through business plans, performance contracts and compliance supplements. LME Administration funds are separate from funds for services.
- ◆ The billing system for Medicaid is referred to as the Management Information System (MMIS) and tracks Medicaid since it is the primary payer (Medicaid dollars are spent first). The Integrated Payment and Reporting System (IPRS) is used by the Division to track Unit Cost Reimbursement (UCR) payments from state funds. To date, the state is current in all payments and there are no delays in any payments to any LMEs at this time.
- ◆ The Preliminary Allocation Letters are sent out in June in order for the LMEs to start the new year's contracts/budgets and generally include recurring allocations from the prior state fiscal year. The Final Continuation Allocation letter is completed upon the Governor signing the budget and may contain expansion funds approved by the General Assembly, if applicable. Subsequent allocation letters are written by program staff and reflect increases and/or decreases in funding over the course of a current state fiscal year.

## 9. SCFAC Retreat

- ◆ The committee agreed to utilize the January meeting as a retreat in place of the regular SCFAC meeting in order to develop an operating plan for the upcoming year. The SCFAC will utilize an external facilitator to assist with this project. The committee narrowed the search to two local possibilities:
  - Susan Auger, Auger Communications, Durham, NC.
  - Maggie McGlynn, McGlynn Associates, Chapel Hill, NC.
- ◆ The SCFAC noted that the purpose of the State CFAC is to provide input and conduct oversight of the North Carolina Division of Mental Health/Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) operations and efforts to accomplish the strategic outcomes of the State Plan and to bring forward to the Executive Leadership Team of the Division of MH/DD/SAS concerns and input from local CFACs.
- ◆ Doug Michaels stated that the SCFAC needs to revisit the mission as taken from the by-laws: "The mission of the State CFAC is to support the development of consumer services by identifying needs and gaps in services and promoting services that are effective and meet high quality standards, support CFAC growth and development at state and local level and support individual consumer and family participation at state and local level."
- ◆ The goals of the retreat will be to identify how to function more effectively as a committee and to develop a strategic plan for the upcoming year.

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- 10.** The SCFAC Chair requested that the committee consider a change in venue for meetings held in Raleigh. However, the committee declined to change location. All 2006 meetings, with the exception of two out of town meetings which will be determined at a later date with a minimum of a three month notice, will be held at the Dix Campus-Royster Building, Conference room 116.

**11. Next Meeting**

- ◆ The next meeting is scheduled for December 8, 2005 from 9:30 A.M. – 3:30 P.M. and will be held at the Dorothea Dix Hospital Campus in the Royster Building in Room 116.

**12. December Meeting Agenda**

- ◆ Approval of the Agenda.
- ◆ Approval of the November meeting minutes.
- ◆ There will be two public comment periods.
- ◆ ELT Update.
- ◆ Review SCFAC Applications.
- ◆ Division Update.
- ◆ Choice of Facilitators for SCFAC Retreat
- ◆ Review of SCFAC Letter Supporting the Secretary's Plan for LME Cost Efficiency.
- ◆ SCFAC Retreat
- ◆ Discussion of SCFAC Priorities for 2006
- ◆ Nominating Committee